

Minnesota

Medicaid Program: Medical Assistance

Program Administrator: MN Dept. of Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

Covers the States of: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, & Wisconsin

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Medicaid Telehealth Reimbursement

Summary

Minnesota Medicaid provides reimbursement for live video and store-and-forward through their Medical Assistance program for certain providers when patients are located at specific originating sites. Many of their individual programs have their own unique requirements for telemedicine reimbursement. Additionally, tele-home-care (remote monitoring) is reimbursed with prior authorization under Home Care Services and the Elderly Waiver (EW) and Alternative Care (AC) program, but specific reimbursement criteria is not listed.

Definitions

“Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers, or a licensed health care provider and a patient that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care.”

Source: MN Statute 256B.0625.Subdivision 3b(d).

“Telemedicine is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.”

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018. (Accessed Sept. 2018).

Chemical Dependency Treatment

“Telemedicine” means the delivery of a substance use disorder treatment service while the client is at an originating site and the licensed health care provider is at a distant site as specified in section 254B.05, subdivision 5, paragraph (f).

Source: MN Statute Sec. 245G.01.

Medical assistance covers medically necessary services and consultations delivered by a licensed health care provider via telemedicine in the same manner as if the service was delivered in-person. Coverage is limited to three telemedicine services per week per enrollee.

Source: MN Statute Sec. 256B.0625, Subdivision 3b(d).

Minnesota's Medical Assistance program reimburses live video for fee-for-service programs.

To be eligible for reimbursement, providers must self-attest that they meet the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine form.

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018. (Accessed Sept. 2018).

Examples of eligible services:

- Consultations
- Telehealth consults: emergency department or initial inpatient care
- Subsequent hospital care services with the limitation of one telemedicine visit every 30 days per eligible provider
- Subsequent nursing facility care services with the limitation of one telemedicine visit every 30 days
- End-stage renal disease services
- Individual and group medical nutrition therapy
- Individual and group diabetes self-management training with a minimum of one hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
- Smoking cessation
- Alcohol and substance abuse (other than tobacco) structured assessment and intervention services

Two-way interactive video consultation may be billed when no physician is in the ER and the nursing staff is caring for the patient at the originating site. The ER physician bills the ER CPT codes with place of service 02.

Telemedicine consults are limited to three per calendar week per patient. Payment is not available for sending materials to a recipient, other provider or facility.

Non-covered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (e.g., Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile
- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case management face-to-face contact

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 5, 2018. (Accessed Sept. 2018).

Mental health telemedicine - Mental health services that are otherwise covered by medical assistance as direct face-to-face services may be provided via two-way interactive video. Use of two-way interactive video must be medically appropriate to the condition and needs of the person being served. Reimbursement is at the same rates and under the same conditions that would otherwise apply to the service. The interactive video equipment and connection must comply with Medicare standards in effect at the time the service is provided.

Source: MN Statute Sec. 256B.0625, Subd. 46.

Assertive Community Treatment and Intensive Residential Treatment Services

Physician services, whether billed separately or included in the rate, may be delivered by telemedicine when it is within the scope practice and the provider is a member of the intensive residential treatment services treatment team.

Source: MN Senate File 1458 (2015), MN Statute Sec 256B.0622, subdivision 8(e).

Individualized Education Program (IEP)

Telemedicine coverage applies to a child or youth who is MA eligible, has an IEP and the service provided is identified in the IEP. Whether the originating site is a home or school must be documented in the child's health record. Limited to three visits per week per child or youth.

To be eligible for reimbursement, the school or school district must self-attest that the telemedicine services provided by the professional provider either employed by or contracted by the school meet all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine (DHS-6806) (PDF).

Non-Covered Services

- Services that are less effective than if provided in-person, face-to-face
- Supervision evaluations or visits
- Evaluations or assessments
- Personal care assistants
- Nursing services
- Transportation services
- Electronic connections that are conducted over a website that is not secure and encrypted as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Use GT modifier and 02 place of service code. See IEP manual for specific documentation and billing requirements.

Source: MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 11/16/17 (Accessed Sept. 2018).

Mental Health Services

Providers authorized to provide mental health services may conduct the same services via telemedicine, except:

- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case management, face-to-face contact

Providers should bill with the GT modifier.

Source: MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 12/17/15 (Accessed Sept. 2018).

Alcohol and Drug Abuse Services

Non-covered Services

- Telemedicine for alcohol and drug abuse services

However, telemedicine guidance from MN on Alcohol and Drug Abuse Services released on Oct. 19, 2017 indicates that they will provide reimbursement when it is medically appropriate and recipient has consented to using telemedicine to receive services.

Source: (Alcohol and drug abuse): MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Svcs. Jul. 10, 2017 & Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).

Dental

Teledentistry services through live video and store-and-forward are allowed. Coverage is limited to children, pregnant women, and limited adult benefits. See list of codes, documentation and billing requirements in provider manual. A provider must self-attest to meet all the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for telemedicine.

Noncovered Services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy & Security rules (for example, Skype)
- Prescription renewals
- Scheduling appointment
- Clarification of issues from a previous visit
- Reporting diagnostic results
- Non-clinical communication
- Communication via telephone, email or fax

Early Intensive Developmental and Behavioral Intervention (EIDBI) (EIDBI Services)

Telemedicine is an option for Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services. Either the person or his/her family must be present via two-way interactive video while the provider delivers EIDBI telemedicine services. Use 02 place of

service code. Coverage is limited to three telemedicine services per recipient per calendar week.

Eligible services include:

- Comprehensive multi-disciplinary evaluation
- Coordinated care conference
- Family/caregiver training and counseling
- Intervention observation and direction

See EIDBI Benefits grid for more information.

Source: MN Dept. of Human Svcs., Provider Manual, EIDBI services, Nov. 17, 2017 & Benefits grid, July 2018 (Accessed Sept. 2018) & Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. (Accessed Sept. 2018).

Rehabilitation Services

MHCP allows payment for some rehabilitation services through telemedicine. Physical and occupational therapists, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. Must use GT or GQ modifiers. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”.

Limited to three sessions per week per recipient. Payment not available for sending materials to a recipient, other providers or other facilities.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).

Medication Therapy Management Services (MTMS)

Under certain circumstances, MTMS can be delivered via interactive video. See section on “eligible sites” for more information. To be eligible providers must submit a provider assurance statement, use equipment compliant with HIPAA (see manual for details) and use the GT modifier and 02 POS code.

Source: MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2018 (Accessed Sept. 2018).

Providers must use the new place of service code 02 beginning Nov. 1, 2017.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Marriage, family and general counselor
- Podiatrist
- Speech therapist
- Therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations
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Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).

Individualized Education Program (IEP)

Eligible providers include the following:

- Charter schools
- Education districts
- Intermediate districts
- Public school districts
- Tribal schools (schools that receive funding from the Bureau of Indian Affairs-BIA)
- Service cooperatives
- Special education cooperatives
- State academies

Source: MN Dept. of Human Svcs., Provider Manual, IEP Services, Revised 11/16/17 (Accessed Sept. 2018).

Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI services

Eligible Providers:

- Physician
- Nurse practitioner
- Clinical psychologist
- Clinical social worker
- Speech therapist
- Physical therapist
- Occupational therapist.

Mental health practitioners working under the supervision of a mental health professional are also eligible. A comprehensive multi-disciplinary evaluation provider, qualified supervising professional, (Level I or Level II) EIDBI provider may apply to provide EIDBI services via telemedicine if they meet the qualifications and complete the Telemedicine Assurance

Statement.

Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. (Accessed

Mental Health Services

All providers eligible to deliver mental health services may deliver the same services via

telemedicine. See manual for specific requirements a provider must follow when delivering services via telemedicine except the following:

- Day treatment
- Partial hospitalization programs
- Residential treatment services
- Case Management, face-to-face contact

Source: MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 12/17/15 (accessed Sept. 2018).

Alcohol and Drug Abuse Services

All providers eligible to deliver the same services they are authorized to provide via telemedicine as long as they self-attest to meeting all of the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for Telemedicine. Individual, non-residential treatment is the only substance use disorder service currently reimbursed via telemedicine.

Electronic connections that are not conducted over a secure encrypted web site as specified by the Health Insurance Portability & Accountability Act of 1996 Private

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- cy & Security rules (e.g. Skype)
- Prescription renewals
- Scheduling a test or appointment
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or facsimile

Limited to three telemedicine services per week per recipient. Payment is not available to providers for sending materials. See manual for documentation requirements. Use the GT modifier.

Source: MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).

Rehabilitation Services

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in “Rehabilitation Service Practitioners”. No distant site limitations beyond provider types. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”. See manual for documentation requirements.

Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).

Authorized originating sites include:

- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living, shelter or group housing (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).

Individualized Education Program (IEP)

Eligible originating sites, the location of the child or youth at the time the service is provided. Document in the child’s health record:

- Home
- School

Source: MN Dept. of Human Svcs., Provider Manual, Individualized Education Program, 11/16/18 (Accessed Sept. 2018).

Medication Therapy Management Services (MTMS)

Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area. Services must meet the following criteria:

- Both the patient site and the pharmacist site must be located in a pharmacy, clinic, hospital or other ambulatory care site;
- The origination site must meet the MTMS privacy and space requirements except that the space would need to seat only two people;
- Qualified members may have the service delivered via interactive video to their residence if the service is performed during a covered home care visit;
- The pharmacist provider's site must be located in a pharmacy, clinic, hospital or other ambulatory care site.

See manual for privacy, equipment and reimbursement requirements.

Source: MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2016 (Accessed Sept. 2018).

Alcohol and Drug Abuse Services

Eligible originating sites:

- Substance abuse disorder treatment facility (residential or outpatient)
- Office of physician or practitioner
- Hospital (inpatient or outpatient)
- Withdrawal management facility
- Drug court office
- Correctional facility-based office (including jails)
- School
- Community mental health center (CCBHC)
- Residential facility such as a group home and assisted living
- Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home)

Source: MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).

Dental
Eligible Originating Sites:

- Health care facility
- Long-term care facility
- Public health agency or institution
- Public or private school authority
- Private non-profit or charitable organizations
- Social services agency or program
- Residential setting in the presence of licensed healthcare providers

Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:

- Dentist
- Advanced dental therapists
- Dental therapists
- Dental hygienists
- Licensed dental assistants
- Other licensed health care professionals

Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).

Live Video	Eligible Sites	<p>Rehabilitation Services Eligible originating sites:</p> <ul style="list-style-type: none"> • Office of physician or practitioner • Hospital (inpatient or outpatient) • Critical access hospital (CAH) • Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) • Hospital-based or CAH-based renal dialysis center (including satellites) • Skilled nursing facility (SNF) • End-stage renal disease (ESRD) facilities • Community mental health center • Dental clinic • Residential facilities, such as a group home and assisted living • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home) • School • <p>Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).</p>
	Geographic Limits	<p>Medication Therapy Management Services (MTMS) Qualified members who must travel more than twenty miles for enrolled MHCP MTMS provider may have the services delivered via interactive video to an ambulatory care site in which there is no enrolled MTMS provider in the local trade area.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Medication Therapy Management Svcs. Mar. 8, 2016 (Accessed Sept. 2018).</p>
	Facility/Transmission Fee	<p>Mental Health Early Intensive Developmental and Behavioral Intervention (EIDBI) EIDBI Services MHCP does not reimburse for connection charges or origination, set-up or site fees.</p> <p>Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. & MN Dept. of Human Svcs., Provider Manual, Telemedicine Delivery of Mental Health Services, Revised 12/17/15 (accessed Sept. 2018).</p>
Store-and-Forward	Policy	<p>Telemedicine may be provided through store-and-forward technology to provide or support health care delivery.</p> <p>Source: MN Statute Sec. 256B.0625.</p> <p>Minnesota’s Medical Assistance program reimburses for services delivered through store-and-forward technology. Medical information may include, but is not limited to video clips, still images, x-rays, MRIs, EKGs, Laboratory results, audio clips and text. Payment will be made for only one reading or interpretation of diagnostic tests. Store-and-forward substitutes for an interactive encounter with the patient present, although the patient is not present in real-time.</p> <p>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).</p>

Providers must use the new place of service code 02 beginning Nov. 1, 2017.

Eligible providers:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Dentist, dental hygienist, dental therapist, advanced dental therapist
- Mental health professional, when following requirements and service limitations
- Pharmacist
- Certified genetic counselor
- Podiatrist
- Speech therapist
- Therapist
- Occupational therapist
- Audiologist
- Public health nursing organizations

Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised Feb. 13, 2018. (Accessed Apr. 2018).

See Live Video Eligible Services section for examples of eligible telemedicine services as well as non-covered services.

Dental

Teledentistry services through store-and-forward is allowed. Coverage is limited to children, pregnant women, and limited adult benefits. See list of codes, documentation and billing requirements in provider manual. A provider must self-attest to meet all the conditions of the MHCP telemedicine policy by completing the Provider Assurance Statement for telemedicine.

Noncovered Services:

- Electronic connections that are not conducted over a secure encrypted website as specified by the Health Insurance Portability & Accountability Act of 1996 Privacy and security rules (for example, Skype)
- Prescription renewals
- Scheduling appointment
- Clarification of issues from a previous visit
- Reporting diagnostic results
- Non-clinical communication
- Communication via telephone, email or fax
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Source (dental): MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).

Rehabilitation Services

MHCP allows payment for some rehabilitation services through telemedicine. Physical and occupational therapists, speech-language pathologists and audiologists may use telemedicine to deliver certain covered rehabilitation therapy services that they can appropriately deliver via telemedicine. Service delivered by this method must meet all other rehabilitation therapy service requirements and providers must adhere to the same standards and ethics as they would if the service was provided face-to-face. Must use CC modifier for store-and-forward. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”.

Limited to three sessions per week per recipient. Payment not available for sending materials to a recipient, other providers or other facilities.

Noncovered services:

- Electronic connections that are not conducted over a secure encrypted website as specified by HIPAA
- Scheduling a test or appointment
- Clarification of issues from a previous visit
- Reporting test results
- Non-clinical communication
- Communication via telephone, email or fax

Eligible providers:

- Speech-language pathologists
- Physical therapists
- Physical therapist assistants
- Occupational therapists
- Occupational therapy assistants
- Audiologists

Physical therapist assistants and occupational therapy assistants providing services via telemedicine must follow the same supervision policy as indicated in “Rehabilitation Service Practitioners”. No distant site limitations beyond provider types. Providers must self-attest that they meet all of the conditions of MHCP telemedicine policy by completing the “Provider Assurance Statement for Telemedicine”. See manual for documentation requirements.

Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).

Authorized originating sites include:

- Hospital (inpatient or outpatient)
- Critical access hospital (CAH)
- Rural health clinic (RHC) and Federally Qualified Health Center (FQHC)
- Hospital-based or CAH-based renal dialysis center (including satellites)
- Skilled nursing facility (SNF)
- End-stage renal disease (ESRD) facilities
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- Community mental health center
- Dental clinic
- Residential facilities, such as a group home and assisted living shelter or group housing (inpatient or certified mental care providers may need to be present to facilitate the delivery of telemedicine services provided in a private home)
- School
- Correctional facility-based office
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Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).

Eligible Originating Sites:

Dental

- Health care facility
- Long-term care facility
- Public health agency or institution
- Private non-profit or charitable organizations
- State services agency or program
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- Residential setting in the presence of licensed healthcare providers
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Medicaid Telehealth Reimbursement

Store-and-Forward	Geographic Limits	<p>Affiliate practice or originator within Minnesota Board of Dentistry defined scope of practice must be present at originating site:</p> <ul style="list-style-type: none"> • Dentist • Advanced dental therapists • Dental therapists • Dental hygienists • Licensed dental assistants • Other licensed health care professionals <p>Source: MN Dept. of Human Svcs., Provider Manual, Dental Svcs. Dec. 22, 2017 (Accessed Sept. 2018).</p> <p>Rehabilitation Services</p> <p>Eligible originating sites:</p> <ul style="list-style-type: none"> • Office of physician or practitioner • Hospital (inpatient or outpatient) • Critical access hospital (CAH) • Rural health clinic (RHC) and Federally Qualified Health Center (FQHC) • Hospital-based or CAH-based renal dialysis center (including satellites) • Skilled nursing facility (SNF) • End-stage renal disease (ESRD) facilities • Community mental health center • Dental clinic • Residential facilities, such as a group home and assisted living • Home (a licensed or certified health care provider may need to be present to facilitate the delivery of telemedicine services provided in a private home) • School • <p>Source: MN Dept. of Human Svcs., Provider Manual, Rehabilitation Svcs. Aug. 3, 2016 (Accessed Sept. 2018).</p>
	Transmission Fee	No reference found.
Remote Patient Monitoring	Policy	<p>There is reimbursement for “telehomecare” under Elderly Waiver (EW) and Alternative Care (AC) programs.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Elderly Waiver (EW) and Alternative Care (AC) Program, As revised 5/22/18, (Accessed Sept. 2018).</p> <p>Prior authorization for home care services is required for all tele-home-care visits.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Home Care Svcs., As revised Jan. 23, 2015 (Accessed Sept. 2018).</p>
	Conditions	No reference found.

Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>No reimbursement for email No reimbursement for phone No reimbursement for fax</p> <p>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018).</p> <p>“A communication between two physicians that consists solely of a telephone conversation, e-mail or facsimile transmission does not constitute a telemedicine consultation or service.”</p> <p>Source: : MN Statute Sec. 256B.0625, Subsection 3(b)(d).</p> <p>Case management for Child Welfare Case Management services is covered through telephone in certain circumstances.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Child Welfare Case Management Services, As revised Jul. 17, 2017. (Accessed Sept. 2018).</p>	
Consent	<p>For alcohol and drug abuse services, the member must have consented to receiving services over telemedicine.</p> <p>Source: MN Dept. of Human Svcs., Provider Manual, Alcohol and Drug Abuse Services Telemedicine, Oct. 19, 2017 (Accessed Sept. 2018).</p>	
Out of State Providers	<p>Out-of-state coverage policy applies to services provided via telemedicine. See out-of-state providers section of manual.</p> <p>Source: MN Dept. of Human Services, Provider Manual, Physician and Professional Services, As revised May 9, 2018. (Accessed Sept. 2018). MN Dept of Human Services, Provider Manual, Provider Basics: Out-of-State Providers. Revised 12/6/12 (Accessed Sept. 2018).</p>	

Private Payer Laws	Miscellaneous	<p>Early Intensive Developmental and Behavioral Intervention (EIDBI) services Services must be:</p> <ul style="list-style-type: none"> • Documented in the person’s individual treatment plan (ITP) • Compliant with HIPAA and security requirements and regulation • Medically appropriate to the condition and needs of the person and/or family. <p>Source: MN Dept. of Human Services, EIDBI Benefit Policy Manual, EIDBI Telemedicine Services. 2/17/18. (Accessed Sept. 2018).</p>	
	Definitions	<p>“Telemedicine” means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care.</p> <p>Source: MN Statute Sec. 62A.67.</p>	
	Requirements	<p>Private payers are required to provide coverage for telemedicine in the same manner, and at the same reimbursement rate, as other services provided in-person.</p> <p>A health carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a service via telemedicine. They can also require a health care provider to agree to certain documentation or billing practices to protect against fraud.</p> <p>Source: MN Statute Sec. 62A.672.</p>	
	Parity	Service Parity	<p>A health carrier shall reimburse on the same basis that would apply to those services if the service had been delivered in-person. However, the carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a service via telemedicine. They can also require a health care provider to agree to certain documentation or billing practices to protect against fraud.</p> <p>Source: MN Statute Sec. 62A.672.</p>
		Payment Parity	<p>A health carrier must reimburse at the same rate as the health carrier would for in-person delivered services.</p> <p>Source: MN Statute Sec. 62A.672.</p>

Definitions	<p>“Telemedicine” means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient’s health care.</p> <p>Source: MN Statute Sec 147.033.</p>
Consent	<p>No reference found.</p>
Online Prescribing	<p>A physician-patient relationship may be established through telemedicine.</p> <p>Source: MN Statute 147.033.</p> <p>A prescription or drug order is not valid unless it can be established that the prescription or order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment.</p> <p>This includes the referring provider performing an in-person examination and a consultant issuing the prescription when providing services by telemedicine.</p> <p>Source: MN Statute Sec. 151.37.</p>
Cross-State Licensing	<p>A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota, meet with patients in Minnesota, or receive calls in Minnesota from patients and they register with the state’s board.</p> <p>Source: MN Statute Sec. 147.032.</p> <p>Minnesota adopted the Federation of State Medical Board (FSMB)’s model language for an inter-state medical licensure compact.</p> <p>Source: MN Senate File 253 (2015). MN Statute Sec. 147.38.</p>
Miscellaneous	<p>No reference found.</p>

MINNESOTA

